IN THE CIRCUIT/COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT IN AND FOR LAKE COUNTY, FLORIDA

STATE OF FLORIDA
vs.

CASE NO. _____

_____
Defendant/Minor Child

APPLICATION FOR CRIMINAL INDIGENT STATUS

☐ I AM SEEKING THE APPOINTMENT OF THE PUBLIC DEFENDER; OR
☐ I HAVE A PRIVATE ATTORNEY OR AM SELF-REPRESENTED AND SEEK DETERMINATION OF INDIGENCE STATUS FOR COSTS

Notice to Applicant: The provision of a public defender/court appointed lawyer and costs/due process services are not free. A judgment and lien may be imposed against all real or personal property you own to pay for legal and other services provided on your behalf or on behalf of the person for whom you are making this application. There is a $50.00 fee for each application filed. If the application fee is not paid to the Clerk of the Court within 7 days, it will be added to any costs that may be assessed against you at the conclusion of this case. If you are a parent/guardian making this affidavit on behalf of a minor or tax-dependent adult, the information contained in this application must include your income and assets.

1. **I have ____ dependents.** *(Do not include children not living at home and do not include a working spouse or yourself.)*

2. **I have a take home income of $**_____ paid: ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly
*(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court ordered support payments)*

3. **I have other income** paid: ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly: *(Select "Yes" and fill in the amount if you have this kind of income, otherwise select "No.")*

Social Security benefits	☐ Yes $_____	☐ No	Veterans' benefit	☐ Yes $_____	☐ No
Unemployment compensation	☐ Yes $_____	☐ No	Child support or other regular support from family members/spouse	☐ Yes $_____	☐ No
Union Funds	☐ Yes $_____	☐ No	Rental income	☐ Yes $_____	☐ No
Workers compensation	☐ Yes $_____	☐ No	Dividends or interest	☐ Yes $_____	☐ No
Retirement/pensions	☐ Yes $_____	☐ No	Other kinds of income not on the list	☐ Yes $_____	☐ No
Trusts or gifts	☐ Yes $_____	☐ No			

4. **I have other assets:** *(Select "Yes" and fill in the value of the property, otherwise select "No")*

Cash	☐ Yes $_____	☐ No	Savings	☐ Yes $_____	☐ No
Bank account(s)	☐ Yes $_____	☐ No	Stocks/bonds	☐ Yes $_____	☐ No
Certificates of deposit or money market accounts	☐ Yes $_____	☐ No	* Equity in Real estate (excluding homestead)	☐ Yes $_____	☐ No
* Equity in Motor vehicles/Boats/ Other tangible property	☐ Yes $_____	☐ No			

* include expectancy of an interest in such property

5. **I have a total amount of liabilities and debts in the amount of $_____.**

6. **I receive:** *(Select "Yes" or "No")*
Temporary Assistance for Needy Families-Cash Assistance ☐ Yes ☐ No
Supplemental Security Income (SSI) ☐ Yes ☐ No
Poverty-related veterans' benefits ☐ Yes ☐ No

7. **I have been released on bail in the amount of $_____.** ☐ Cash ☐ Surety **Posted by:** ☐ Self ☐ Family ☐ Other _____

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under Section 27.52, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in Section 775.082, Florida Statutes, or Section 775.083, Florida Statutes. **I attest that the information I have provided on this application is true and accurate.**

Signed this day of _____, _____ 20____.

Date of Birth _____

_____
Signature of Applicant for Indigent Status

Last 4 Digits of Driver's License or ID Number _____

Print full legal name _____
Address _____
City, State, Zip _____
Phone number _____

CLERK'S DETERMINATION

_____ Based on the information in this Application, I have determined the applicant to be ☐ Indigent ☐ Not Indigent

_____ The Public Defender is hereby appointed to the case listed above until relieved by the Court.

Dated this_____ day of _____, 20_____.

Gary J. Cooney
Clerk of the Circuit Court

This form was completed with the assistance of _____
Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT INDIGENT MAY SEEK REVIEW BY ASKING FOR A HEARING TIME.
Sign here if you want the judge to review the clerk's decision of not indigent: _____